\*C S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Line Only REC'D JLL 18205	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3/15			2. Fiscal Year Covered From:				
				1/1/2	004 Through:	12 / 31	/ 2004
. Name	e and address of person filing.		4. Name	, file number, and add	ress of labor org	anization.	
Name	LORRIE-ANNE	MC CREARY	Name	NATIONAL POST	al mailhani	LERS UNION	- LOCAL 310
			Labor	Organization File Nurr	nber 092-08	0	
P.O. B	ox, Bldg., Room No., if any		P.O. E	ox, Building and Room	n Number, if any		
Street	675 EVANS STREET		Street	675 EVANS STR	EBT		
City	ATLANTA		City	ATLANTA			
State	Georgia	ZIP Code + 4 20303-2752	State	Georgia		ZIP Code + 4	30310-2752
. Positi	on in labor organization.	PRESIDENT					
. Heid ioneta	I an interest in, engaged in tran	the past fiscal year, you or your spondered in the exclusions (including loans) with, or nose employees your organizating trade name, if any).	derived in	orth in the instructions	omic benefit of seeking to repre	esent.	nterests
A. Held noneta . Name Name	I an interest in, engaged in tran ary value from an employer wi	(except as specified in the excl sactions (including loans) with, or hose employees your organizat	derived in	come or other econsents or is actively s	omic benefit of seeking to repre	esent.	nterests
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A. Held moneta 3. Name Name Trade I P.O. B Street City State	I an interest in, engaged in tran ary value from an employer will and address of Employer (Includia Name, if any:  Jox, Bidg., Room No., if any  Ignature and verification. The unitted in this report (including the inf	(except as specified in the exclusions (including loans) with, or noce employees your organizating trade name, if any).	7.b. American	come or other econsents or is actively sure of interest, Transacture of interest, Transacture.	omic benefit of seeking to repriction, or Income.	that all of the in	formation
A. Held moneta 3. Name Name Trade I P.O. B Street City State	l an interest in, engaged in tran ary value from an employer will and address of Employer (Includia Name, if any:  lox, Bldg., Room No., if any  lignature and verification. The united in this report (including the infrisigned's knowledge and belief, tru	(except as specified in the exclusions (including loans) with, or nose employees your organizating trade name, if any).  ZIP Code + 4  Signification contained in any accompanication contained in any accompanication.	7.b. American	come or other econsents or is actively sure of interest, Transacture of interest, Transacture.	omic benefit of seeking to repriction, or Income. ction, or Income.	that all of the in	formation be best of the

Name of Person Filing LORRIE-ANNE MC CREARY	File Number U- 3/25							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
Name and address of Business (including trade name, if any).	9. Business deals with:							
Name PJC GROUP								
Trade Name, if any:	a. Labor Organization							
P.O. Box, Bldg., Room No., # any SUITE 1525	b. Trust c. Employer							
Street 55 MARIETTA STREET	La Cinpayor							
City ATLANTA								
State Georgia ZIP Code + 4 30303								
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
Name	PJC GROUP, IS THE CERTIFIED PUBLIC ACCOUNTANTS FOR NPMHU - LOCAL 310							
Trade Name, if any:								
P.O. Box, Bidg., Room No., if any								
Street	11.b. Approximate dollar value of such dealing. \$250,000							
СНу	12.a. Nature of interest held or income received.							
State ZIP Code + 4	MARCH 12, 2004, RECEIVED LUNCH AT RUTH CHRIS STEAKHOUSE. (NOT SURE OF THE EXACT AMOUNT) BEST ESTIMATE \$ 100.00							
	12.b. Amount. \$100							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.							
Name								
Trade Name, if any:								
P.O. Box, Bldg., Room No., if any								
11 · · · · · · · · · · · · · · · · · ·								
Street								
City								
State ZIP Code + 4	14.b. Amount of payment.							

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14.b. Amount of payment.

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13.b. is the Business an Employer

ZIP Code + 4

or Consultant

Street

City

State

Name of Person Filing LORRIE-ANNE MC CREARY	File Number U- 3/75							
B. Held an interest in or derived income or economic benefit with monetary we substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise							
8. Name and address of Business (including trade name, if any).	9. Business deals with:							
Name FIRST HEALTH	a. Labor Organization							
Trade Name, if any:	b. Trust							
P.O. Box, Bldg., Room No., if any	c. Employer							
Street 3200 HIGHLAND AVENUE								
City DOWNERS GROVE								
State Illinois ZIP Code+4 60515								
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
Name Trade Name, if any:	FIRST HEALTH ADMINISTERS THE UNION SPONSORED HEALTH PLAN.							
P.O. Box, Bldg., Room No., if any								
Street	11.b. Approximate dollar value of such dealing.							
City	12.a. Nature of interest held or income received.							
State ZIP Code + 4	JULY 23, 2004, SELF & SPOUSE RECEIVED DINNER AT CAPITAL GRILL RESTAURANT, (NOT SURE OF THE EXACT AMOUNT). BEST ESTIMATE \$ 75.00							
	12.b. Amount.							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Lebor Relations Consultant (including trade name, if any).	14.a. Nature of payment.							
Name								
Trade Name, if any:								
P.O. Box, Bidg., Room No., if any								
Street								
State ZIP Code + 4								
	14.b. Amount of payment.							
13.b. Is the Business an Employer or Consultant?								

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